

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 224487

MS DOCKET NO. 306353.01

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A METHOD FOR PROVIDING GUARANTEED DISTRIBUTED FAILURE NOTIFICATION

the specification of which is filed herewith unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

Customer No. 38887

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

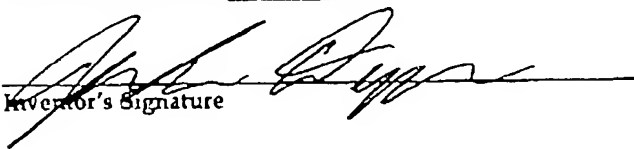
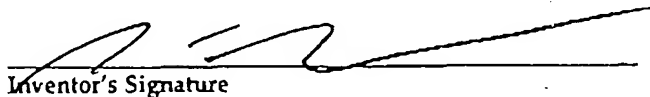
<p>Send Correspondence To: Customer No. 38887</p> <p>38887 LEYDIG, VOIT & MAYER, LTD. TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE CHICAGO, IL 60601-6780</p>	<p>Direct Telephone Calls To:</p> <p>John B. Conklin Leydig, Voit & Mayer, Ltd.</p> <p>(312) 616-5600 (Telephone) (312) 616-5700 (Facsimile)</p>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: John DunaganCitizenship: USResidence: 3004 169th Ave NE, Bellevue, Washington 98008Post Office Address: same as above
Inventor's Signature10/15/03
DateFull Name of Inventor: Nicholas J. A. HarveyCitizenship: Canada & UKResidence: 60 Wadsworth St, Apt 25B, Cambridge, Massachusetts 02142Post Office Address: same as above_____
Inventor's Signature_____
DateFull Name of Inventor: Michael B. JonesCitizenship: USResidence: 21507 NE 67th St, Redmond, Washington 98053Post Office Address: same as above
Inventor's SignatureOct 15, 2003
DateFull Name of Inventor: Dejan KostićCitizenship: Serbia & MontenegroResidence: 2317 Snowcrest Trail, Durham, North Carolina 27707Post Office Address: same as above

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DateFull Name of Inventor: Michael B. JonesCitizenship: USResidence: 21507 NE 67th St, Redmond, Washington 98053Post Office Address: same as above_____
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Inventor's Signature10/14/2003

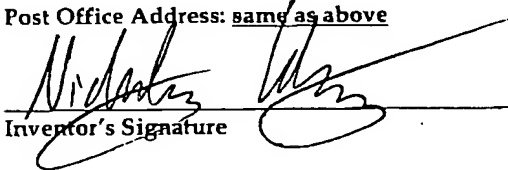
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Inventor's Signature_____
DateFull Name of Inventor: Nicholas J. A. HarveyCitizenship: Canada & UKResidence: 60 Wadsworth St, Apt 25B, Cambridge, Massachusetts 02142Post Office Address: same as above

Inventor's SignatureOct. 16th 2003
DateFull Name of Inventor: Michael B. JonesCitizenship: USResidence: 21507 NE 67th St, Redmond, Washington 98053Post Office Address: same as above_____
Inventor's Signature_____
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10/15/2003

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10/15/2003

Date